REQUEST FOR QUOATION (THIS IS NOT AN ORDER)		THIS RFQ ONOT A SMALL BUSINESS SET-ASIDE					PAGE OF PAGES 1 2			
1. REQUEST NO. 2. DATE ISSUED 6-Mar-2015			3. REQUISITION/PURCHASE REQUEST NO.			UNDE	FOR NAT. DEF. R BDSA REG. 2 OR DMS REG. 1	RATING		
5a. ISSUED BY	•		•			_	/ER BY (Date)	•		
US Embas	ssy Guatemala/NAS					2-3 weeks upon award				
	5b. FOR INFORMAT	TION CALL (NO C	COLLECT CALLS)	1		7. DELIVERY OTHER				
NAME				TELEPHONE NUI	MBER	0	FOB DESTINATION	(See Schedule)		
AREA CODE NUMBE						9. DESTINATIONS				
Ingrid	l Galvez - GalvezI@sta		23	11-7013	a. NAME OF CONSIGNEE					
				US Embassy Guatemala/NAS						
a. NAME b. COMPANY					b. STREET ADDRESS					
					1a. Av. 7-59, Zona 10					
c. STREET ADDRE	SS				c. CITY					
d. CITY		f. ZIP CODE		d. STATI	e. ZIP CODE	Guatemala				
u. CITT			e. STATE	I. ZIP CODE		u. SIAII	e. ZIP CODE			
	INISH QUOTATIONS TO THE ISSUING LOCK 5a ON OR BEFORE CLOSE OF Date)	on this form ar preparation of	nd return it to the the submission	ne address in Bloc of this quotation	k 5a. This request do or to contract for su	es not cor pplies or s	mmit the Government to service. Supplies are of do	ble to quote, please so indicate pay any costs incurred in the omestic origin unless otherwise must be completed by the		
	11	. SCHEDULE	(Include a	applicable Fed	leral, State and	local tax	(es)			
ITEM NO.	SUF	PPLIES/SERVICE:	S		QUANTITY	UNIT	UNIT PRICE	AMOUNT		
(a)	III II also a salus adula a desla	(b)	20 \/-		(c)	(d)	(e)	(f)		
1	"L" shaped modular desk covered top 8 MDF, with color		8							
2	Linear shaped modular d Melamine covered MDF, grey color.		35							
3	Linear shaped modular d Melamine covered MDF, grey color.		12							
4	Linear shaped modular d mine covered MDF, with color. NOTE: SEE ATTACHED SP CIONES ADJUNTAS DELIVERY LOCATION: AI TERMS AND CONDITION * Price should be in Quet * Price should include IV/ * U.S. Embassy will provided the second of payment: Congoods have been receive	l grey SPECIFICA- m	6							
	OR PROMPT PAYMENT	(%)	a. 10 CALENDAR	(%)	20 CALENDAR DAYS	(%)	c. 30 CALENDAR DAYS	d. CALENDAR DAYS NUMBER PERCENTAGE		
NOTE: Addition	nal provisions and representations 13. NAME AND ADDRESS O		○ are		ot attached. NATURE OF PERSON	I VIIITIODI	ZED TO 145	DATE OF OLIOTATION		
a. NAME OF QUO		QUUILN			IN QUOTATION	IAUIHUKI	15	. DATE OF QUOTATION		
b. STREET ADDRE							16. SIGNER			
D. SINCE ADDRESS					1E (Type or print)	b. TELEPHONE				
c COLINITY				a. IVAIV	.= (.,,pc or print)					
c. COUNTY							AH	REA CODE		

d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type of print)	NUMBER

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